

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF SOUTH CAROLINA

IN RE: Michael Linn Connelly Last four digits of social security #: 6726 Abbie Law Connelly Last four digits of social security #: 6568 Debtor	Bankruptcy Case No. 14-01233 NOTICE OF DEATH OF DEBTOR Chapter 13
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PLEASE TAKE NOTICE that the above referenced debtor, Michael Connelly, died on November 10, 2017. The joint debtor, Abbie Connelly, predeceased her husband, and a Notice of her death was previously filed with this Court.

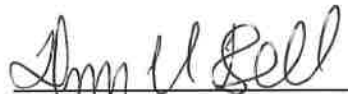
Susan Connelly, the daughter and personal representative of the debtor, through the debtor's undersigned attorney, hereby notifies the Court of the Debtor's death. The debtor's petition under Chapter 13 was filed on March 3, 2014. The Chapter 13 plan was filed on March 27, 2017. There are not adequate funds available to continue payment of the Trustee in Debtors' case.

NOW, THEREFORE, upon good cause shown, the representative of the debtor, Michael Connelly, hereby requests as follows:

1. That the Court take appropriate action based on this Notice of the Death of Debtor, Michael Connelly.

Date: November 16, 2017

By:


Ann U. Bell
Attorney for debtor
Drose Law Firm
3955 Faber Place Drive, Suite 103
Charleston, SC 29405
(843) 767-8888
Drose@droselaw.com

CERTIFICATE OF SERVICE

The above signing party certifies that the foregoing Notice was served on November 16, 2017 on the Trustee, James M. Wyman, and the U.S. Trustee Region 4 either by depositing a copy in the U.S. Mail or by service through CM/ECF.

STATE OF SOUTH CAROLINA
CERTIFICATION OF VITAL RECORD

DEATH CERTIFICATION

STATE FILE NUMBER: [REDACTED] 1435

DECEDENT'S NAME: *MICHAEL LINN CONNELLY*

AKA'S: NA

ARMED FORCES: YES

DATE OF BIRTH: AUGUST 15, 1951

TYPE OF PLACE OF DEATH: HOSPITAL - INPATIENT

NAME AND ADDRESS OF PLACE OF DEATH: SUMMERVILLE MEDICAL CENTER, SUMMERVILLE, SC 29485

PLACE OF DISPOSITION: SUMMERVILLE CEMETERY

DISPOSITION LOCATION: SUMMERVILLE, SOUTH CAROLINA

METHOD OF DISPOSITION: BURIAL

DECEDENT'S RESIDENCE: 121 OAKDALE DRIVE, SUMMERVILLE, DORCHESTER COUNTY, SC, 29483

PLACE OF BIRTH: SOUTH CAROLINA

SEX: MALE

SOCIAL SECURITY NUMBER: [REDACTED] -6726

AGE: 66 YEARS

COUNTY OF DEATH: DORCHESTER

MARITAL STATUS: WIDOWED (AND NOT REMARRIED)

SURVIVING SPOUSE'S NAME: NA

FATHER'S NAME: VERNON HARRIS CONNELLY

MOTHER'S NAME PRIOR TO FIRST MARRIAGE: NORMA CATHERINE MAXCEY

INFORMANT'S NAME: SUSAN NEVILLE CONNELLY

RELATIONSHIP: DAUGHTER

MAILING ADDRESS: 121 OAKDALE DRIVE, SUMMERVILLE, SC, 29483

FUNERAL HOME: PARKS FUNERAL HOME, INC., 130 W. 1ST NORTH ST., SUMMERVILLE, SC, 29483

FUNERAL DIRECTOR: MICHAEL E CROCKER

LICENSE NUMBER: 2641

EMBALMER'S NAME: MELISSA CLARKE

LICENSE NUMBER: 3864

ACTUAL OR PRESUMED DATE OF DEATH: NOVEMBER 10, 2017

MANNER OF DEATH: NATURAL

ACTUAL OR PRESUMED TIME OF DEATH: 0650

CAUSE OF DEATH - PART I

PLUTONEAL METASTASIS OF UNKNOWN PRIMARY

ACUTE KIDNEY INJURY WITH FLUID OVERLOAD

CARDIOGENIC SHOCK (FROM ATRIAL FIBRILLATION WITH RAPID VENTRICULAR RATE), CIRCULATORY SHOCK DUE TO HYPOVOLEMIA

ACUTE RESPIRATORY FAILURE FROM SUSPECTED ASPIRATION

OTHER SIGNIFICANT CONDITIONS - PART II:

NA

CORONER CONTACTED? NO

AUTOPSY PERFORMED? NO

AUTOPSY AVAILABLE? NA

DATE OF INJURY: NA

TIME OF INJURY: NA

INJURY AT WORK? NA

PLACE OF INJURY: NA

LOCATION OF INJURY: NA

HOW THE INJURY OCCURRED?

NA

CERTIFIER NAME AND TITLE: DR. SHOBHADARSHINI GOGOI

LICENSE NUMBER: 38718

CERTIFIER'S ADDRESS: 9330 MEDICAL PLAZA DR, CHARLSTON, SC, 29406

DATE FILED: NOVEMBER 13, 2017

DATE OF ISSUANCE: NOVEMBER 13, 2017

SPECIAL INSTRUCTIONS:

NA

9767

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

Catherine E. Heigel
Catherine E. Heigel
Director and State Registrar

Shae R. Sutton
Shae R. Sutton
Assistant State Registrar

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